SPECIALTY GUIDELINE MANAGEMENT

BAVENCIO (avelumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

- 1. <u>Metastatic Merkel Cell Carcinoma (MCC)</u>
 Treatment of adults and pediatric patients 12 years and older with metastatic Merkel cell carcinoma.
- Locally Advanced or Metastatic Urothelial Carcinoma (UC): First-line maintenance treatment of urothelial carcinoma
 Maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma that has

not progressed with first-line platinum-containing chemotherapy.

- 3. <u>Locally Advanced or Metastatic Urothelial Carcinoma (UC): Previously-treated urothelial carcinoma</u>
 Treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or have disease progression within
- 4. Advanced Renal Cell Carcinoma (RCC)
 First-line treatment of patients with advanced renal cell carcinoma in combination with axitinib.

12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

B. Compendial Indications:

Urothelial carcinoma

- 1. Bladder cancer
- 2. Primary carcinoma of the urethra
- 3. Upper genitourinary (GU) tract tumors
- 4. Urothelial carcinoma of the prostate

All other indications are considered experimental/investigational and not medically necessary.

II. EXCLUSIONS

Coverage will not be provided for members who have experienced disease progression while on PD-1 or PD-L1 inhibitor therapy.

III. CRITERIA FOR INITIAL APPROVAL

A. Merkel Cell Carcinoma

Authorization of 6 months may be granted for the treatment of metastatic Merkel cell carcinoma.

Bavencio 1675-A SGM P2019a.docx

© 2020 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



1675-A

B. Urothelial Carcinoma - Bladder Cancer

Authorization of 6 months may be granted for treatment of bladder cancer as a single agent and either of the following criteria is met:

- 1. Used as subsequent therapy following platinum-containing chemotherapy for any of the following:
 - a. Locally advanced or metastatic disease
 - b. Metastatic or local recurrence post-cystectomy
 - c. Muscle invasive local recurrence or persistent disease in a preserved bladder
- 2. Used as maintenance therapy if there is no progression on first-line platinum-containing chemotherapy.

C. Urothelial Carcinoma - Primary Carcinoma of the Urethra

Authorization of 6 months may be granted for treatment of primary carcinoma of the urethra as a single agent and either of the following criteria is met:

- 1. Used as subsequent systemic therapy for recurrent, locally advanced, or metastatic disease following platinum-containing chemotherapy.
- 2. Used as maintenance therapy if there is no progression on first-line platinum-containing chemotherapy.

D. Urothelial Carcinoma – Upper Genitourinary (GU) Tract Tumors or Urothelial Carcinoma of the Prostate

Authorization of 6 months may be granted for the treatment of upper genitourinary (GU) tract tumors or urothelial carcinoma of the prostate as a single agent and either of the following criteria is met:

- 1. Used as subsequent therapy following platinum-containing chemotherapy for locally advanced or metastatic disease.
- 2. Used as maintenance therapy if there is no progression on first-line platinum-containing chemotherapy.

E. Kidney cancer

Authorization of 6 months may be granted for treatment of advanced, relapsed, or stage IV kidney cancer including renal cell carcinoma when Bavencio is given in combination with axitinib as first-line treatment for the disease.

IV. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. REFERENCES

- 1. Bavencio [package insert]. New York, NY: Pfizer Inc.; June 2020.
- 2. The NCCN Drugs & Biologics Compendium® © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 19, 2020.

Bavencio 1675-A SGM P2019a.docx

pharmaceutical manufacturers that are not affiliated with CVS Caremark.

© 2020 CVS Caremark. All rights reserved.



This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of